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## FAX TRANSMISSION

<b>To</b>	USPTO
<b>Examiner</b>	Golam M. Shameem, Ph.D.
<b>Fax Number</b>	571-273-8300
<b>From</b>	Michael C. Badia
<b>Date</b>	November 17, 2006
<b>Application No.</b>	10/821,663
<b>Attorney Docket No.</b>	VPI/03-152 US
	Reply to Office Action/Restriction Requirement
<b>Total Pages</b>	10

### Message or Comment

If any problems occur with this fax transmittal, please call (617) 444-6467 immediately.

Attorney Docket No.: VPI/03-152 US

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

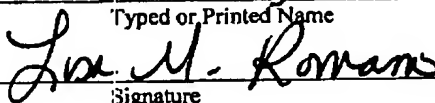
Application No.: 10/821,663  
Confirmation No.: 8789  
Filing Date: April 9, 2004  
Examiner: Golam M. Shameem, Ph.D.  
Group Art Unit: 1614  
Applicants: Kevin M. Cottrell et al.  
For: INHIBITORS OF SERINE PROTEASES, PARTICULARLY HCV NS3-NS4A PROTEASE

## Certificate of Facsimile Transmission Under 37 CFR §1.8

I hereby certify that this correspondence and any documents referred to as attached hereto are being facsimile transmitted to the United States Patent and Trademark Office on November 17, 2006.

Lisa M. Romano

Typed or Printed Name



Signature

November 17, 2006  
Cambridge, Massachusetts

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☒ a Reply to Office Action/Restriction Requirement; ☐ a Petition for Extension of Time; ☐ a Declaration; ☐ a Power of Attorney; ☐ a copy of a Notice to File Missing Parts; ☐ a Response to Notice to File Missing Parts; ☐ a Supplemental Declaration; ☐ an Associate Power of Attorney; ☐ a substitute Specification; ☐ formal drawings; ☐ Notice of Appeal; ☐ Appeal Brief; ☐ Petition for Revival; to be filed in the above-identified patent application.

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Applicants: Kevin M. Cottrell et al.  
Application No. 10/821,663FEE FOR ADDITIONAL CLAIMS☒ [X] A fee for additional claims is not required.☐ [ ] A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	* =	X \$ 50	= \$ 0
INDEPENDENT CLAIMS	-	** =	X \$ 200	= \$ 0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM		+	\$ 360	= \$

\* If less than 20, insert 20.

TOTAL

\$ 0

\*\* If less than 3, insert 3.

☐ [ ] A check in the amount of \$\_\_ in payment of the filing fee is transmitted herewith.☐ [ ] Please charge \$\_\_ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.☒ [X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

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Applicants: Kevin M. Cottrell et al.  
Application No. 10/821,663


EXTENSION FEE

- ☐ The following extension is applicable to the Response filed herewith; ☐ \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); ☐ \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); ☐ \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- ☐ A check in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 in payment of the extension fee is transmitted herewith.
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MISCELLANEOUS FEES

- ☐ Please charge \$\_\_\_\_\_ to Deposit Account No. 50-0725 in payment of the for \_\_\_\_\_ (37 C.F.R. §\_\_\_\_\_).

Respectfully submitted,

  
Michael C. Badia, Reg. No. 51,424  
Agent for Applicants  
c/o Vertex Pharmaceuticals Incorporated  
130 Waverly Street  
Cambridge, Massachusetts 02139  
Tel: (617) 444-6467  
Fax: (617) 444-6483  
Customer No. 27916

Attorney Docket No.: VPI/03-152 US

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Application No.: 10/821,663  
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Lisa M. Romano

Typed or Printed Name

*Lisa M. Romano*

Signature

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INDEPENDENT CLAIMS	-	X	\$200	\$ 0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM		+	\$360	\$
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\* If less than 20, insert 20.

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Respectfully submitted,

  
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Cambridge, Massachusetts  
November 17, 2006

Mail Stop Amendment  
Director of U.S. Patent and Trademark Office  
P.O.Box 1450  
Alexandria, VA 22313-1450

REPLY TO OFFICE ACTION/RESTRICTION REQUIREMENT

Dear Sir:

This is in response to the October 23, 2006 Office Action setting forth an election/restriction requirement in the above-identified application. The deadline for responding to the Office Action is, up to and including, November 23, 2006. Accordingly, this Reply is timely filed.

Remarks begin at page 2 of this Reply.